Request for Reinstatement

	p .1
•	255943
STATE OF SOUTH CAROLINA	BEFORE THE
(Caption of Case)	PUBLIC SERVICE COMMISSION
Example: Application for a Class C Charter Certificate from	OF SOUTH CAROLINA
John Doe dba Doe's Lim RECEIVED	TRANSPORTATION COVER SHEET
MAR 3 1 2015	DOCKET hois 120
TDANO DES	NUMBER: 2015 129
Acelianting full in Class DEPT	If this is your first time filing an application with the PSC, you will not
Non-Emergency Certificate From	have a Docket Number. The Commission will assign one to you. If you
Chiquita Foster Push)	have filed with the Commission before, a Docket Number was assigned and should be entered above.
Application for a Cluss DEPT Non-Energency Cost Fronte From Thiguita Foster Push (Please type or print) Submitted by: Chiquita Foster Puch/Ba	4-Telephone: 803/57//7/5/
Address: 7542 Mill blook Bd	803/446/6807
Culumbia, 50 79223	Fax:
)	Email: Land B transportation lumparye para
NATURE OF ACTION	(Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter
of Public Convenience and Necessity to be Rescinded	Response Constant
Request for Cancellation of Certificate	Proposed Order Publisher's Affidavit Reservation Letter Response Return to Petition
Request for Suspension	Other

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Other:

p.2

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
Stilling address: Post Office Drawer 11640, Columbia, SO

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

MAR 3 1 2015 Date: 3/30/19 **CLASS C - NON-EMERGENCY** TRANS DEPT Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto. Cand R 1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.) 1542 Mill brook Boad Columbia St 29223 Mailing Address of Applicant (if different from street address) 803 152117151 803/446/81802 Land B transportation Company @ Yahoo. Com 2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.) Select Entity Type: (Check one) ☐ Individual Owner/Sole Proprietorship Partnership - List names and address of all person having an interest in the business. Corporation - List names and addresses of two principal officers. - List names and addresses of two principal offices.

Pull 7542 Mill brook Board Columbia, Sc

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at	Time Applic	ation is Filed:	
Month	5 An	eation is Filed:	7

Assets: Cash 2.000 500 Receivables 10,000 Real Estate Buildings and Equipment (Net) 1000 Motor Vehicles (Net) ,000 Garage Equipment (Net) Machinery and Tools (Net) 2,000 Supplies on Hand 3,500 Prepaids and Other Assets Total Assets * 97,5000 Liabilities and Equity: Accounts Payable Notes Payable 70,000 Mortgages Payable **Equipment Obligations** Accrued Salaries and Wages 400 Other Accrued Obligations Other Liabilities Total Liabilities Capital Stock Retained Earnings **Total Equity** Total Liabilities and Equity *

^{*} Total Assets = Total Liabilities and Equity

Beaufort

Berkeley

Calhoun

Charleston

Dillon

Dorchester

Edgefield

Fairfield

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

40 dellars / hour

authority if you intend to operate in all counties in South Carolina. Abbeville Cherokee Florence Saluda Aiken Chester Georgetown Lexington Spartanburg Allendale Chesterfield Greenville Marion Sumter Anderson Clarendon Greenwood Mariboro Union Bamberg Colleton Hampton McConnick Williamsburg ☐ Barnwell Darlington Нопу Newberry York

Oconee

Orangeburg

Pickens

Richland

L Statewide

Jasper

Kershaw

Lancaster

Laurens

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide"

3 of 9

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of <u>seatbelts</u> in the vehicle, including the driver's seatbelt.)
1-7 Passengers, including driver
8-15 Passengers, including driver

MAKE	YEAR & MODEL	Vin#	EMPTY WEIGHT	WHEEL- CHAJR LIFT
Windsfar	2002 Windstar	7 FMZASO4ZZBB09819	·	NO
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	į			
,				· · · · · · · · · · · · · · · · · · ·

p.6

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSUBANCE COMPANY REPRESENTATIVE The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not previde a copy of his mance policies unless requested. You will not be required to E.

The following insurance quote is for:		speed by the PSC, THIS IS ONLY A QUOT
Cand B transporter	tien Compan	y
7542 Mill bree	Name of Applicant	nh.a. 56 29223
· · · · · · · · · · · · · · · · · · ·	Address of Applicant	
Liability Insurance \$ 2900		
The above quoted premium is for a term of Minimum Limits - Bodily injury and propthan the following:	enty damage limits will not be	loss Limits Constad
Liability Combined Each Occurance	\$ 1,000,000	1000 000
Medical Payments per Person	\$ 1 AAA	100
- America Se	rice	
150 Northwest Bins		ILLANS 60007
am familiar with the Commission's Rules an neets the minimum insurance limits prescribe	d Regulations relating to insurand. The insurance company ma	ance requirements and the above quote king this quote is authorized by the
32 30-15 Date	Lumm, Roto	m-
€rean is	Authorized Insurince Compar	ny Representative's Signature
HOTICE:		

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may de so with the South Carolina Worker's Compensation Commission ("NCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

	Boye- Push and Chiquita Foster Push				
		(46	ne		
	I	U.S.D.O.T No.	ICC No.		
1.	Is there currently	any outstanding judgments against t	he Applicant?		
	O Yes	No	••		
	If Yes, indicate n	ature of judgement(s) against applic	anț.		
		,			
		,			
2.	Is Applicant famil carrier operations statutes and regula	in South South Carolina, and does A	including safety regulations and governing for-hire moto applicant agree to operate in compliance with these		
	Yes	O No			
3.	Is Applicant aware therewith?	of the Commission's insurance req	uirements and the insurance premium costs associated		
	Yes	O No			

Exhibit on Driver Qualifications

1.	Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.			
	Yes	O No	l	
2.	. Applicant underst	ands that drivers (nust be in compliance with all OSHA regulations.	
	Yes Yes	ONG		
3.	Applicant underst	ands that drivers r irst-aid kits, fire ex	nust be trained in the use of all vehicle installed safety equipment such stinguishers, and other equipment as outlined in PSC Regulations.	1 25
	Yes	O No		
4.	Applicant underst	ands that drivers n	nust be able to physically perform actions necessary to assist persons ir users.	
	Yes	○ No		
5.	Applicant understa	ands that drivers n e driver and the co	nust wear a professional uniform and photo identification badge that empany for whom the driver works.	
	Yes	O No		
5.	Applicant understa of safety, and reco business within So	ras that verify/rec	ust complete twelve (12) hours of in-service training annually in the anord such training must be kept on file at the company's primary place of	rea of
	Yes	O No		

9.a

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina Through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the email address as it appears on page one of this Application.

he Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Title of Applicant (e.g. President, Owner, etc.)

ORN TO BEFORE ME

Commission Expires 11-16-2020

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

C AND R TRANSPORTATION COMPANY LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on February 7th, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 7th day of February, 2014

Mark Hammond, Secretary of State